



ADULT RESPIRATORY EMERGENCIES

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

I. FIELD ASSESSMENT/TREATMENT INDICATORS

Symptoms of chronic pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds, accessory muscle use, anxiety, ALOC or cyanosis.

II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, obtain O₂ saturation on room air, or on home oxygen if possible.

III. LIMITED ALS (LALS) INTERVENTIONS

- Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain O₂ saturation on room air or on home oxygen if possible.
- Nebulized Albuterol per ICEMA Reference #7040 - Medication - Standard Orders.

IV. ALS INTERVENTIONS

- Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain O₂ saturation on room air or on home oxygen if possible.
- Albuterol with Atrovent per ICEMA Reference #7040 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Consider advanced airway, refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Base hospital physician may order additional medications or interventions as indicated by patient condition.

V. REFERENCES

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders
10190	ICEMA Approved Skills

ACUTE ASTHMA/BRONCHOSPASM/ALLERGIC REACTION/ANAPHYLAXIS**I. FIELD ASSESSMENT/TREATMENT INDICATORS**

History of prior attacks, possible toxic inhalation or allergic reaction, associated with wheezing, diminished breath sounds or cough.

II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, humidified oxygen preferred.

III. LIMITED ALS (LALS) INTERVENTIONS

- Maintain airway with appropriate adjuncts, obtain O₂ saturation on room air if possible.
- Nebulized Albuterol per ICEMA Reference #7040 - Medication - Standard Orders.
- For signs of inadequate tissue perfusion, initiate IV bolus of 300 cc NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus one (1) time.
- If no response to Albuterol, administer Epinephrine per ICEMA Reference #7040 - Medication - Standard Orders. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
- May repeat Epinephrine, per ICEMA Reference #7040 - Medication - Standard Orders, after 15 minutes one (1) time.
- Base hospital physician may order additional medications or interventions as indicated by patient condition.

IV. ALS INTERVENTIONS

- Maintain airway with appropriate adjuncts, obtain O₂ saturation on room air if possible.

- Albuterol, with Atrovent per ICEMA Reference #7040 - Medication - Standard Orders.
- For signs of inadequate tissue perfusion, initiate IV bolus of 300 cc NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus until signs of improved tissue perfusion.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- If no response to Albuterol, administer Epinephrine per ICEMA Reference #7040 - Medication - Standard Orders. Contact base hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
- May repeat Epinephrine per ICEMA Reference #7040 - Medication - Standard Orders after 15 minutes one (1) time.
- For suspected allergic reaction, consider Diphenhydramine per ICEMA Reference #7040 - Medication - Standard Orders.
- For persistent severe anaphylactic shock, administer Epinephrine per ICEMA Reference #7040 - Medication - Standard Orders.
- Consider advanced airway, refer ICEMA Reference #10190 - ICEMA Approved Skills.
- Base hospital physician may order additional medications or interventions as indicated by patient condition.

V. REFERENCES

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders
10190	ICEMA Approved Skills

ACUTE PULMONARY EDEMA/CHF

I. FIELD ASSESSMENT/TREATMENT INDICATORS

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema.

II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.

- Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask.
- Be prepared to support ventilations as clinically indicated.

III. LIMITED ALS (LALS) INTERVENTIONS

- Maintain airway with appropriate adjuncts, obtain O₂ saturation on room air if possible.
- Nitroglycerine per ICEMA Reference #7040 - Medication - Standard Orders. Do not use or discontinue NTG in presence of hypotension (SBP <100).
- Albuterol per ICEMA Reference #7040 - Medication - Standard Orders, if nitro is not working.

IV. ALS INTERVENTIONS

- Maintain airway with appropriate adjuncts, obtain O₂ saturation on room air if possible.
- Nitroglycerine per ICEMA Reference #7040 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Consider advanced airway, refer to ICEMA Reference #10190 - ICEMA Approved Skills.
- Base hospital physician may order additional medications or interventions as indicated by patient condition.
- In radio communication failure (RCF), the following medications may be utilized:
 - Dopamine per ICEMA Reference #7040 - Medication - Standard Orders.
 - Albuterol with Atrovent per ICEMA Reference #7040 - Medication - Standard Orders after patient condition has stabilized.

V. REFERENCES

<u>Number</u>	<u>Name</u>
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10190	ICEMA Approved Skills